# **Application Data Sheet**

## **Application Information**

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Subtle Mitochondrial Mutations As Tumor Markers
Attorney Docket Number::	001107.00224
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	National Institutes of Health
Contract or Grant Numbers::	CA43460
Secrecy Order in Parent Appl.?::	NO

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Hungarian

Status:: Full Capacity

Given Name:: Kornelia

Middle Name::

Family Name:: POLYAK

Name Suffix::

City of Residence:: Brookline

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 1856 Beacon Street

Apartment 6F

City of mailing address:: Brookline

State or Province of mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 02445

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Bert

Middle Name::

Family Name:: VOGELSTEIN

Name Suffix::

City of Residence:: Baltimore

State or Province of Residence:: MD

Country of Residence:: US

Street of mailing address:: 3700 Breton Way

City of mailing address:: Baltimore

State or Province of mailing address:: MD

Country of mailing address:: US

Postal or Zip Code of mailing address:: 21208

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kenneth

Middle Name:: W.

Family Name:: KINZLER

Name Suffix::

City of Residence:: BelAir

State or Province of Residence:: MD

Country of Residence:: US

Street of mailing address:: 1403 Halkirk Way

City of mailing address:: BelAir

State or Province of mailing address:: MD

Country of mailing address:: US

Postal or Zip Code of mailing address:: 21015

## **Correspondence Information**

Correspondence Customer Number:: 22907

#### **Representative Information**

Representative Customer Number:: 22907

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation	09/377,856	08/20/99
09/377,856	Non-Provisional	60/097,307	08/20/98

### **Foreign Priority Information**

Application number::	Filing Date::	Priority Claimed::
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	Application number::	Application number:: Filing Date::

#### **Assignee Information**

Assignee name::

The Johns Hopkins University

Street of mailing address::

720 Rutland Avenue

City of mailing address::

Baltimore

State or Province of mailing address::

MD

Country of mailing address::

US

Postal or Zip Code of mailing address::

21205